

1853

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Apache</u>				BUREAU OF VITAL STATISTICS			
District <u>St. Johns</u>				ORIGINAL CERTIFICATE OF DEATH			
Town or city <u>St. Johns</u>				State Index - - - No. <u>6</u>			
				County Registrar's - No. <u>8</u>			
				Local Registrar's - No. <u>8</u>			
2. FULL NAME <u>Therrie Leigh Richey</u>				Ward			
(a) Residence. No. (Usual place of abode)				St. (If death occurred in a hospital or institution, give its NAME instead of street number)			
Length of residence in city or town where death occurred yrs mos. ds.				How long in U. S. if of foreign birth? yrs mos ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>M</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)					
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day and year)							
7. AGE	Years	Months	Days	IF LESS than 1 day $\frac{1}{2}$ hrs. or min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer							
9. BIRTHPLACE (city or town) (State or Country) <u>St. Johns</u>							
10. NAME OF FATHER <u>Leigh Richey</u>							
11. BIRTHPLACE OF FATHER (State or country) <u>St. Johns</u>							
12. MAIDEN NAME OF MOTHER <u>Rhodale Richey</u>							
13. BIRTHPLACE OF MOTHER (State or country) <u>New Mex</u>							
14. Informant (Address) <u>Mrs. Richey</u>							
15. Filed <u>1/4</u> 19 <u>26</u> <u>St. Johns</u> Local Registrar.							
V. S. No. 1							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (month, day, and year) <u>Oct 24</u> 19 <u>26</u>							
17. I HEREBY CERTIFY. That I attended deceased from <u>Oct 24</u> 19 <u>26</u> to <u>Oct 24</u> 19 <u>26</u> that I last saw <u>him</u> alive on <u>Oct 24</u> 19 <u>26</u> and that death occurred, on the date stated above, at <u>2:30 p.</u> m. The CAUSE OF DEATH was as follows: <u>Prematurity</u> (duration) yrs mos ds. CONTRIBUTORY <u>Mother's poor health</u> (secondary) (duration) yrs mos ds. 18. Where was disease contracted if not at place of death? Did an operation precede death? date of Was there an autopsy? What test confirmed diagnosis? Signed <u>J. J. Baudin</u> M. D. <u>Oct 24</u> 19 <u>26</u> (Address) <u>St. Johns Ariz</u> * State the Disease Causing Death, or its death from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Johns Ariz</u> DATE OF BURIAL <u>Oct 25</u> 19 <u>26</u> 20. UNDERTAKER <u>Neighbors</u> ADDRESS <u>St. Johns</u>							